

WAIVER APPLICATION - School Year 2007-2008

This form is due no later than thirty days following placement of teacher in position for which waiver is being requested. Please submit copy with original signatures.

Check one:**EMPLOYMENT STANDARD WAIVER**

(Apprentice or Professional Licensed Teacher
lacking Endorsement(s) for Assignment(s).)

____ 1st year ____ 2nd year ____ 3rd year (Special Education only)

Public school/Non-Public and State Special school personnel waivers should
be mailed to Office of School Approval, 6th Floor Andrew Johnson Tower,
710 James Robertson Pkwy, Nashville, TN. 37243-0376.

HIGHLY QUALIFIED TEACHER: A core academic teacher holding a Bachelor's Degree and Teacher's License (no requirements waived) and meeting content requirements for grade/subject area.

NEW HIRE: A teacher employed in your system after the first day of the 2002-03 school year.

COMPLETE FOR FIRST YEAR APPLICANTS ONLY

1. New Hire: ____ Yes ____ No Date hired _____
2. Title I School or Targeted Assistance Program (Pull-Out): ____ Yes ____ No
3. Core Academic Subject: ____ Yes ____ No

COMPLETE FOR ALL APPLICANTS

1. Name _____
2. Social Security No.: _____ - _____ - _____ 3. License No.: _____ 4. Expiration Date: _____
5. Certificate Type(s) _____ 6. Endorsements _____
7. School System: _____ 8. System No.: _____
9. School Name: _____ 10. School No.: _____
11. Position to be filled: _____ 12. Grade Level(s): _____
13. Date teacher placed in position for which waiver is being requested: _____
14. Request for **FIRST YEAR WAIVER MUST** be submitted with copies of the advertisements posted in **All** of the following:
 - 1) in the newspaper 2) on the internet 3) at the teacher training institutions

The school system is requesting a waiver of **Rules, Regulations, and Minimum Standards 0520-1-2.03(1)** [Employment Standards], "A teacher or principal shall hold a valid Tennessee Teacher License with an endorsement covering the work assignment."

It is the responsibility of each applicant to check with the Division of Licensure or the college or university in which enrolled for the specific course requirements the applicant must complete to obtain the required endorsement. Approval of this application is not approval of the official coursework outline or the program of studies for becoming endorsed. Approval of this application is not a waiver of the requirements for a specific endorsement or years of experience requirements of **Rules, Regulations and Minimum Standards 0520-2-4** (Licensure).

15. Has the applicant been issued an alternative/interim license for the current year? ____ Yes ____ No
If yes, check type: Alternative A ____ Interim B ____ Alternative C ____ Interim D ____ Alternative E ____

NOTE: Beginning 2006-07 school year for first year waivers we are requiring a copy of the work study from the university/college that applicant will be attending to obtain endorsement for which the waiver is requested. For second or third year waivers, we are requiring a copy of the completed work toward endorsement.

16. ____ If this waiver is requested for the FIRST YEAR, enter the total hours required for applicant to become endorsed in _____
(Hours) (Name of Endorsement)
Enter the four- digit course code(s) indicating the course(s) to be taught with this waiver: _____
(code) (code) (code) (code) (code)
17. ____ If this waiver is requested for the SECOND YEAR, enter the total hours COMPLETED since the first waiver was granted in: _____
(Hours) (Name of Endorsement)
Enter the four- digit course code(s) indicating the course(s) to be taught with this waiver: _____
(code) (code) (code) (code) (code)

NOTE: Second year waivers will be considered only if the applicant has completed coursework on the official coursework outline or the program of studies after the date waiver was requested and prior to the beginning of the new school year.

THIRD YEAR WAIVER - SPECIAL EDUCATION ONLY

18. _____ If this waiver is requested for the THIRD YEAR, enter the total hours COMPLETED since the second waiver was granted in:
(Hours) _____ (Name of Endorsement)

Enter the four- digit course code(s) indicating the course(s) to be taught with this waiver: _____
(code) (code) (code) (code) (code)

NOTE: Third year waivers will be considered only if the applicant has completed coursework on the official coursework outline or the program of studies after the date waiver was requested and prior to the beginning of the new school year.

19. I certify that I plan to take the coursework to become fully endorsed in the position that I now occupy.

Date

Signature of Applicant

20. In compliance with the public laws of Tennessee, I hereby certify that this school system is unable to secure a highly qualified teacher, for the type and kind of school in which the vacancy exists. I recommend that the above requested waiver be issued.

Director's Signature (Public School System)

Principal/Headmaster's Signature (Non-Public Schools)

(SEAL)

Sworn and subscribed to before me, this _____ day of
_____, 20____

Notary Public Signature

21. **SYSTEM CONTACT PERSON FOR WAIVER INFORMATION:**

Name: _____
Telephone Number: _____
E-mail Address: _____

Section V. FOR SDE ONLY

Assistant Commissioner/Executive Director:			
Stamp date received _____	Recommendation:	Approval _____	Non-Approval _____
_____ Assistant Commissioner's/Executive Director's Signature		_____ Date	

Commissioner:			
Final Action:		Approval _____	Non-Approval _____
_____ Commissioner's Signature, State Department of Education		_____ Date	